1. Title of Project: Family In Distress: Inmate Re-entry Program

2. Senate Sponsor: Victor Torres

3. Date of Submission: 03/20/2019

4. Project/Program Description:
   Inmate Re-entry Program designed to reduce recidivism

5. State Agency to receive requested funds: Department of Corrections

   State Agency Contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>250,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>250,000</strong></td>
</tr>
</tbody>
</table>

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>250,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>250,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding? No

9. Is future-year funding likely to be requested? Yes
   a. If yes, indicate non-recurring amount per year. $250,000

10. Details on how the requested state funds will be expended

    | Spending Category Administrative Costs: | Description | Amount |
    |------------------------------------------|-------------|--------|
    | Executive Director/Project Head Salary and Benefits | Executive Director | 80,000 |
    | Other Salary and Benefits                |             |        |
Expense/Equipment/Travel/Supplies/Other
Consultants/Contracted Services/Study

**Operational Costs:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours/Staff/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Benefits</td>
<td>FT - Operations Director, Salary and Benefits FT - Office Manager, Salary and Benefits 120,000</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td>Client Transportation, Housing Assistance, Food, Insurance, Counseling, Clothing Vouchers, Phone, Supplies and Insurance 50,000</td>
</tr>
</tbody>
</table>

**Fixed Capital Construction/Major Renovation:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours/Staff/Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering</td>
<td></td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)** 250,000

11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      Successful re-entry for previously incarcerated individuals, heightened public safety, and the reduction of the recidivism rate.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      Housing referrals, employability training, food, clothing and transportation assistance, mentoring and training classes, educational workshops, and coaching designed to help with self efficacy and the reunification of families.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      Direct services would include making housing referrals, providing employability skills training, food, clothing and transportation assistance, mentoring, coaching and referrals for mental health services.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      Recently incarcerated individuals without housing or funds; 50 per year.

   e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**
      Successful re-entry to society with reunification of family, employment and housing. We will report the numbers served, the scope of services provided, and the outcomes of each participant every six months.

   f. **What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**
      The current standard penalties for non-compliance are adequate and we would not anticipate receiving any future funding.

12. **The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the**
relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:
   a. **Name:** Dr. Cheryl White
   b. **Organization:** Family In Distress, Inc.
   c. **E-mail Address:** familyindistress@yahoo.com
   d. **Phone Number:** (954)870-5912

14. Recipient Contact Information:
   a. **Organization:** Family In Distress, Inc.
   b. **County:** Broward
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. **Contact Name:** Dr. Cheryl White
   e. **E-mail Address:** familyindistress@yahoo.com
   f. **Phone Number:** (954)870-5912

15. Lobbyist Contact Information
   a. **Name:** None
   b. **Firm Name:** None
   c. **E-mail Address:**
   d. **Phone Number:**